

IMPLICATIONS OF THE INVESTMENT IN COVID-19 ON PRIMARY HEALTHCARE CENTRES IN NIGERIA

INTRODUCTION

Nigeria recorded her first case of Covid-19 on the 25th of February, 2020. As of 16th of April, 2020, 442 cases have been confirmed across twenty states resulting in a total of 13 deaths¹. With the rising number of African countries confirming cases of covid-19, the continent is bracing for scenarios of potential major outbreaks. Once again health system resilience and basic healthcare functionality emerges as the decisive factor for a successful response². Five years ago, the threat of Ebola was ominous, challenging both our health systems and economies, more so for other affected African countries. Since then, there have been numerous calls by the WHO and civil society organisations identifying the need to strengthen primary healthcare system functions ahead of emergent threats to enable effective preparedness and response efforts. Yet, facing this novel coronavirus and the recalcitrant outbreaks of Lassa fever across Nigeria, we are yet to see the “lessons learned” translate into the needed investments in primary healthcare services, the health workforce, and other key areas around the health sector.

NIGERIA’S ONGOING INVESTMENT IN THE FIGHT AGAINST COVID-19

The short-term implications of this global challenge are a bit more evident, but the long-term consequences of the pandemic, how it will redefine health amongst others, are still being monitored carefully by experts.

Strategic interventions by the Federal Government with support from the private sector and donors are becoming central to addressing the health, social, economic, food impacts of Covid-19: with major economic interventions, public budgets will have to become more strategic, more focused and will leverage on all sources of funding for development and social policy matters³.

Currently the Federal Government has released the sum of fifteen billion naira in the first phase to tackle the pandemic in Nigeria, also setting aside sixty billion naira from the Covid-19 crisis intervention fund, to fund the special public workforce program recruitment of 774,000⁴ individuals to support the fight against the pandemic as a palliative measure to cushion the economic effect of the Covid-19 virus on blue-collar workers dependent on daily sustenance-type jobs.

Financial experts have revealed concerns for Nigeria and most other developing economies, noting that the likelihood of slipping into a downturn is a possibility expected as the global coronavirus outbreak puts severe pressure on the economy. Nigeria, still contends with recovery from the 2016 economic recession which was a result of global oil price crash and insufficient foreign exchange earnings to meet imports. Now en route to economic recovery and growth sustainability, the Nigerian federal budget for the 2020 fiscal year was prepared with significant revenue expectations. Taking into cognisance that the approved budget had projected revenue collections at N8.24 Trillion, an increase of about 20% from 2019. The

¹ <https://covid19.ncdc.gov.ng/>

² <https://www.cgdev.org/blog/what-covid-19-should-teach-us-about-smart-health-spending-developing-countries>

³ <https://www.devex.com/news/after-the-pandemic-how-will-covid-19-transform-global-health-and-development-96936>

⁴ <https://thenationonlineng.net/fed-govt-to-hire-774000-nigerians/>

revenue assumptions were premised on increased global oil demand and stable market with oil price benchmark and oil output respectively at \$57 per barrel and 2.18 Million Barrels Per Day⁵. The emergence of Covid-19 and its increasing incidence in Nigeria has heralded the need for drastic review and realignment of the earlier revenue expectations and fiscal projections. In addressing these economic challenges, the current considerations to revise the budget downward seems inevitable. However, certain considerations are expected in the review e.g. for healthcare and must not be reviewed downwards.

WHAT ARE THE IMPLICATIONS FOR PRIMARY HEALTH CARE IN NIGERIA?

To gain a better understanding of the big-picture implications, one must understand that to achieve the broader SDG3 goal of health and well-being for all, we must increase our efforts to building resilient and inclusive primary healthcare systems.

While the relatively low number of cases and mortality in the country so far is good news, Nigerian policymakers should not be complacent. They should instead seize this moment to take decisive steps to improve primary healthcare to protect their citizens and economies from the impact of the pandemic⁶.

Whilst the financial implications of investing in Covid-19 for the PHCs budget are seemingly more obvious than others, i.e. because the investment may affect releases for PHCs due to the mitigating effect of budget review process. It is however important to note that investing in PHCs will bring substantial health benefits and build human capital in the long term. At the national level, PHC interventions need to be explicitly identified, funded and plans made for how to most appropriately reorient the health system towards PHC as a key lever towards achieving Universal Health Coverage and the health-related SDGs.

For Nigeria and the world over, securing the investment in Covid-19 meant enforcing the lockdown policy and social distancing to limit spread, allowing only essential workforce to continue. However, this policy had initial effects on service delivery for PHCs with confusion as to what services can and should run as the health workforce battled with shortage of human resources and protective equipment. The initial implication of this service disruption has repercussions on Routine Immunization services and coverage, Family Planning services and the contraceptive prevalence to highlight a few.

Primary health care (PHC) is pivotal for the advancement towards universal health coverage. The WHO advisory across 67 low- and middle-income countries, Nigeria inclusive, noted that health workforce/population ratios would need to increase from 5.6 workers per 1000 population to 6.7 per 1000 population, to deliver an average of 5.9 outpatient visits per capita per year. Also noting that increasing coverage of PHC interventions would avert at least 60 million deaths and increase average life expectancy by 3.7 years⁷. Human resources for Health is still an issue for the health sector, the recruitment of 774,000 workers to aid the efforts against Covid-19 is laudable but will present as a temporary solution to a much bigger problem of inadequate human resource for health, yet one may argue that the pragmatic approach would have been to recruit these group of workforce to support the PHC system. The FCT Minister of State, Dr Ramatu Aliyu on 15/04/2020, called for the management of

⁵ <http://cseaafrica.org/the-implication-of-covid19-on-the-nigerian-economy/>

⁶ <https://www.brookings.edu/blog/africa-in-focus/2020/03/18/strategies-for-coping-with-the-health-and-economic-effects-of-the-covid-19-pandemic-in-africa/>

⁷ https://www.who.int/choice/publications/phc_investment_guide_posts/en/

the NPHCDA to construct more primary healthcare facilities for the FCT⁸ to rejuvenate service provision. This is laudable but consideration must be given to manning these facilities.

The Covid-19 investments and efforts will put up a facade that the health system is being strengthened as the obvious focus for the control of the pandemic is health. But in circumspect, the investments in makeshift centres^{9,10}, foreign medical assistance¹¹ amongst others will reveal that once normalcy returns, the “makeshift efforts” will return to their intended purposes and leave behind a feeble system in a capricious climate. The inadequacies of our PHCs exposed by this pandemic should be corrected.

POSITIONING PHCs IN THE OFFENSIVE IN THE FIGHT AGAINST COVID-19

So far, in Nigeria’s response against Covid-19, the role of PHCs have been under emphasized and relegated to the background in the scheme of things. Bearing in mind that this brief at this point in time is not seeking to enlist PHCs for the management of cases, as the appropriate isolation facilities have been put in place by the FG to handle case management of Covid-19. This brief seeks to offer alternative thinking for the positioning and utilisation of the PHCs in the response efforts against Covid-19.

The PHCs occupy a central placement in the community and have been rightly positioned as the first point of call for healthcare. The Government of Nigeria and the National Centre for Disease Control should use this to their advantage by utilizing the PHCs in the fight against Covid-19 as centres for community-based trainings and sensitization engagements on hand washing and behaviour change education on social distancing for communities especially rural ones. The PHC under their purview are agents of behaviour change at the community/grassroots levels. And in areas with only access to audio technology (transistor radios), the challenge of demonstration of proper hand washing protocol which has been shown to be key can be circumvented by equipping, staffing and positioning the PHCs.

The PHCs should also be supported by their SPHCDA to implement responsive policies on how to conduct service delivery packages where crowd management is often required. News of service disruption has been dispelled by the NPHCDA noting that services will continue¹² but the PHCs are yet to be commissioned as key players in the fight as they battle to keep essential services like Routine Immunization and Family Planning amongst others going through this pandemic. If services are to remain undisrupted, critical questions should be asked, has the government provided enough personal protective equipment (PPE) and hygiene agent to these cadre of healthcare providers to continue services?

More often than not, Traditional/Religious leaders have served as gatekeepers to most communities. It is unsurprising that most public health interventions seek collaborative

⁸ <https://www.vanguardngr.com/2020/04/covid-19-minister-asks-nphcda-to-construct-more-phcs-in-fct/>

⁹ <https://www.bbc.co.uk/sport/africa/52152681>

¹⁰ <https://dailypost.ng/2020/03/24/coronavirus-reps-ask-fg-to-convert-federal-colleges-to-makeshift-isolation-centres/>

¹¹ <https://www.africanews.com/2020/04/09/chinese-experts-arrive-to-help-nigeria-in-coronavirus-fight-opposition-kicks//>

¹² <https://authorityngr.com/2020/04/10/phcs-are-open-nationwide-despite-covid-19-lockdown-nphcda/>

partnerships with them for sustainability and impact. The PHCs can and should be positioned to serve as the NPHCDA/SPHCDA or NCDC agents for interfacing with the Traditional/Religious leaders with regularity to support the process of community engagement, contact tracing and subsequently referrals and reporting back to the NCDC. Utilising the PHCs nationwide here reduces the blind spot for the NCDC.

This Covid-19 pandemic demonstrates why water and sanitation are essentials for the prevention of infectious disease spread¹³. However, Water and Sanitation hasn't been integrated as a core component of the pillars of the PHCUOR. Perhaps we are due a policy review. The 774,000 to be recruited by the government can be routed through the PHCs nationwide to support this WASH component.

If the government hopes to increase their health security, a strong primary health system is the way to do it. The common excuses of competing priorities and a lack of funding makes less sense now more than ever¹⁴.

RECOMMENDATIONS

To effectively engage with Covid-19 on all frontiers, we recommend inclusion by the NCDC and equipping of the PHCs by the FMOH through the NPHCDA in the fight against this pandemic.

We also recommend that improving the PHCs will greatly accelerate the achievement of universal health coverage for all Nigerians. Hence, the Federal Government should prioritize and preserve funding for the health sector during the review of the 2020 budget despite investments in the Covid-19 response.

The Federal Government should consider strengthening the policy implementation of the Primary Health Care Under One Roof (PHCUOR) policy at both the National and State levels by improving Ministries Departments and Agencies capacities and improving integration of child and family health programming components within the PHCUOR policy by national government officials.

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About PacFaH@Scale...

The Partnership for Advocacy in Child and Family Health at Scale (PACFaH@Scale) intervention is a health accountability project which aims to catalyse action from national and state governments to increase funding for 4 health issue areas (family planning, Routine Immunization, Ending CKD and PHCUOR) and to implement its public policy promises.

¹³ <http://www.worldbank.org/en/topic/water/brief/wash>

¹⁴ <https://blogs.worldbank.org/voices/coronavirus-covid19-highlights-need-strengthen-health-systems>